

Name  
in  
Full

*Louisa Brown*

CERTIFICATE OF DEATH

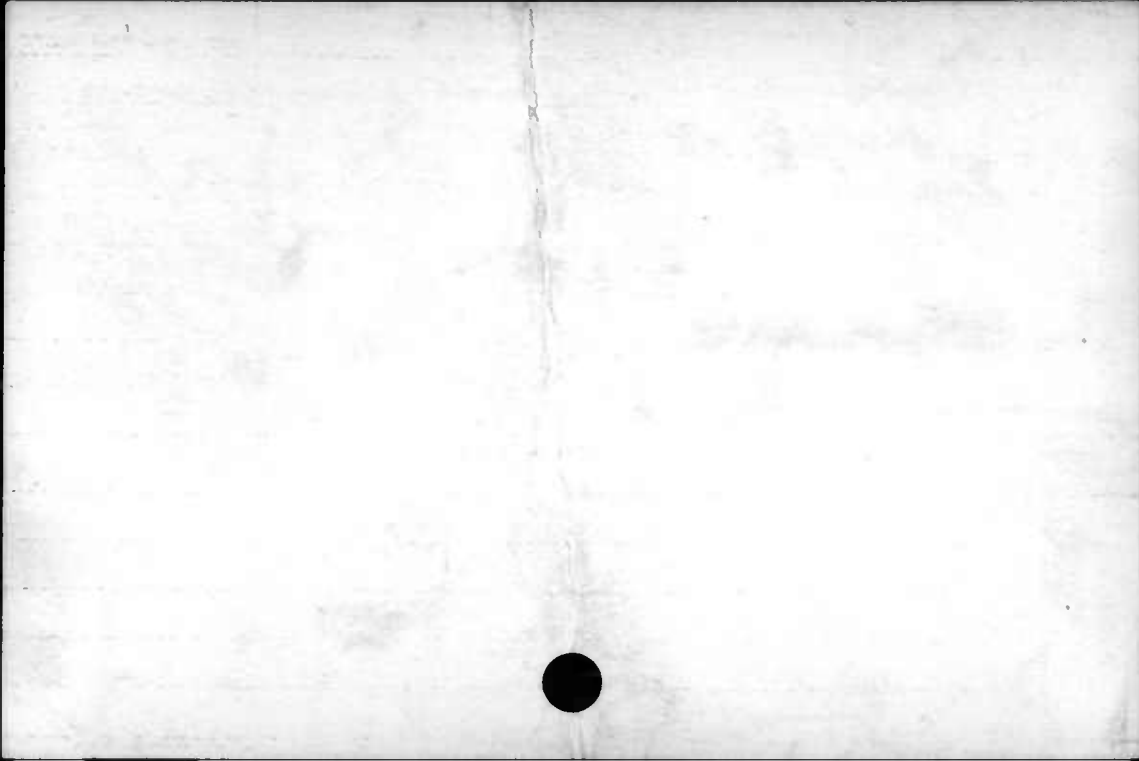
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Coronoville</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	<i>April</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>3</i> <small>Years</small>	<i>1</i> <small>Months</small>
<i>Female</i> <small>Sex</small>	<i>Black</i> <small>Color or Race</small>		<i>Coronoville</i> <small>Birth-place</small>		
<i></i> <small>Occupation</small>			<i></i> <small>Where Residing if not at place of death</small>		
<i>Single</i> <small>Married, Single or Widowed</small>		<i></i> <small>Name of Wife or Husband</small>			
<i>John Brown</i> <small>Father's Name</small>		<i>Ad Co</i> <small>Father's Birthplace</small>			
<i>Ellen Brown</i> <small>Mother's Maiden Name</small>		<i>Davidsonville</i> <small>Mother's Birthplace</small>			
<i>Columbus Johnson</i> <small>Name of person giving information</small>		<i>Stepfather</i> <small>How related to deceased</small>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<i>Pneumonia</i> <small>Primary</small>	<i>93</i> <small>How long</small>	<i>one month</i> <small>How long</small>
<i>Brain fever</i> <small>Immediate</small>		<i>3 days</i>
<i>yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>	<i>J. W. DuBois M.D.</i> <small>Signature of Physician</small>	
	<i>Gambills</i> <small>Address</small>	
<i></i> <small>Accident or Suicide?</small>	<i>Old</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

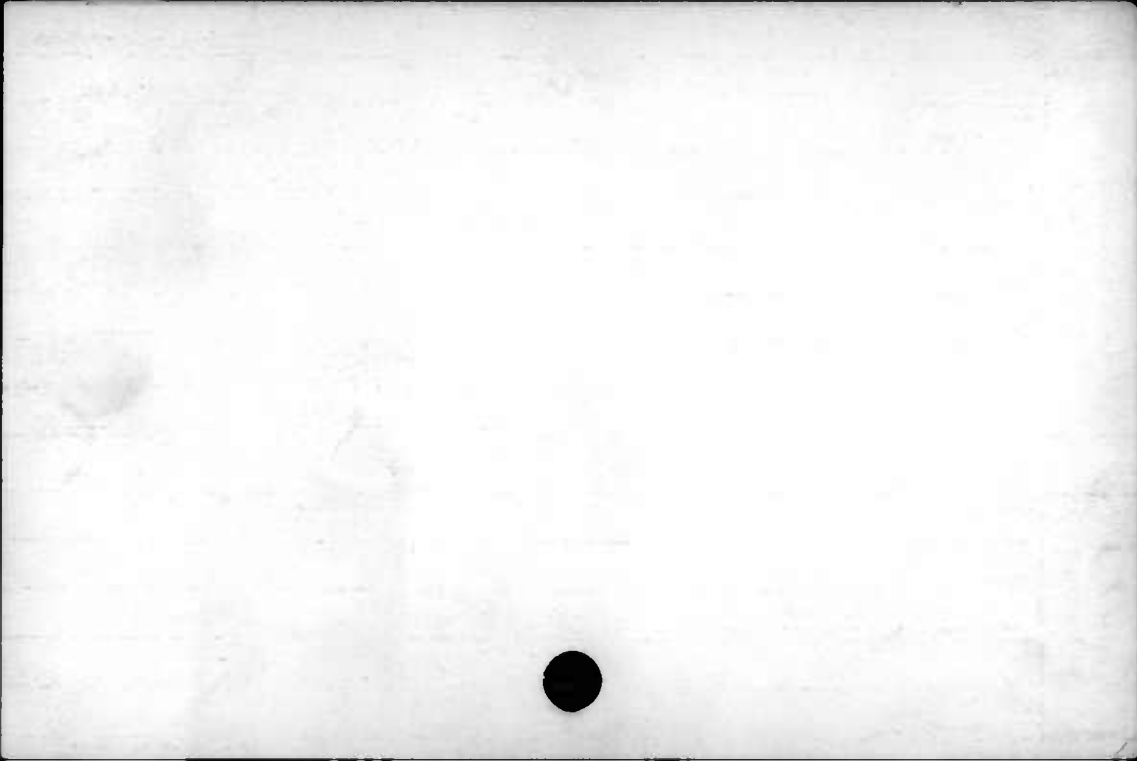
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Malacian Blunt</i>		Town <i>Eastport</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>	
Died at <i>Eastport</i>							
Date of death <i>1905</i>		Month <i>Apr</i>		Day <i>18</i>		Years <i>51</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>a a co.</i>		Months <i></i>	
Occupation <i>Oysterman</i>		Where Residing if not at place of death <i>Eastport</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Melvia Ann Blunt</i>					
Father's Name <i>Frank E Blunt</i>		Father's Birthplace <i>a a co.</i>					
Mother's Maiden Name <i>Maxy Crowner</i>		Mother's Birthplace <i>a a co.</i>					
Name of person giving information <i>Wm Blunt</i>		How related & deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>I do not know</i>	How long	<i>19</i>
Immediate	<i>Heart Disease (probably)</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>F. H. Thompson M.D.</i>	
		Address <i>193 Church St.</i>	
		<i>Annapolis Md.</i>	
Accident or Suicide? <i></i>			



Name  
in  
Full

Alonzo Boyer

## CERTIFICATE OF DEATH

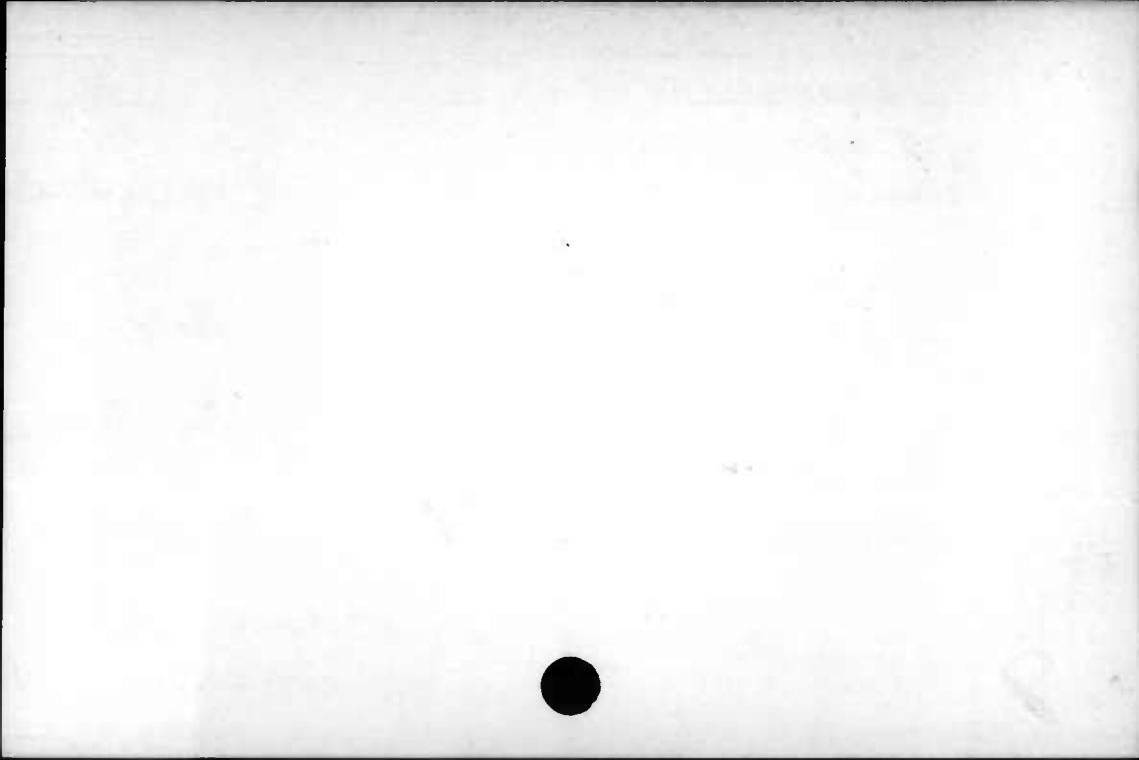
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Severn</i> Town		<i>Anne Arundel</i> County		MARYLAND		
Date of death <i>1905</i>	Month <i>4</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>A. A. Co. Ind.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Benjamin F Boyer</i>		Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Virginia Mallonee</i>		Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>B. F. Boyer</i>		<i>(72)</i>		How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Hammond</i>
<i>D</i> Accident or Suicide? <i>No</i>	Address <i>Jessup Ind.</i>



Name  
in  
Full

Elizabeth Brown

## CERTIFICATE OF DEATH

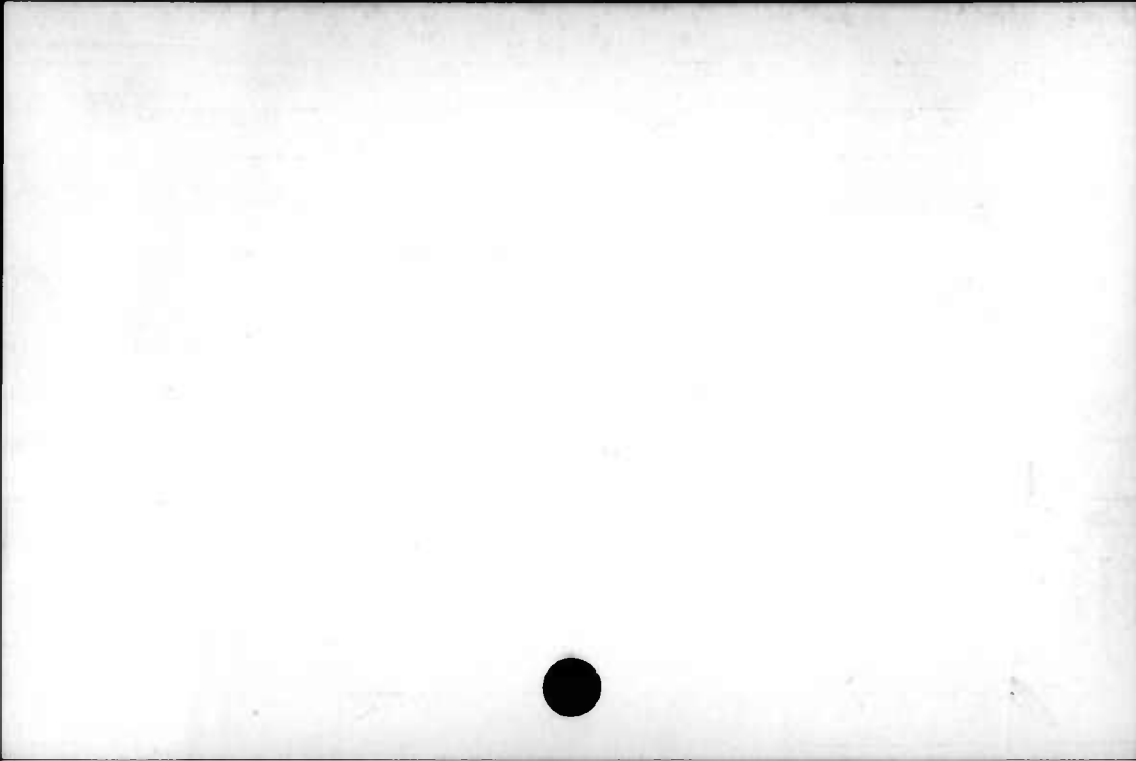
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crownsville</i> <sup>Town</sup>		<i>a. a.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905 Apr.</i>	Month	Day <i>7</i>	Age <i>6</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>a. a. Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Brown</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Eliza Brown</i>		Mother's Birthplace <i>Id</i>			
Name of person giving Information <i>E Johnson</i>		How related to deceased <i>Step Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Six wks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. V. Bryant</i>
	Address <i>Millersville</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

John Carroll

Town

County

MARYLAND

Died at

Annapolis

Art

Date

Month

Day

Years

Months

Days

of death

1905

April

13

Age

55 yrs

Sex

Male

Color or  
Race

Colored

Birth-  
place

Annapolis

Occupation

Laborer

Where Residing if not  
at place of death

124 St John St

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John Carroll

Father's  
Birthplace

A. A. Co.

Mother's  
Maiden Name

Anna Jones

Mother's  
Birthplace

A. A. Co.

Name of person giving  
In formation

Anna Hutton

How related  
to deceased

Cousin

CAUSES OF DEATH

Primary

Epilepsy

How long

Several days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

John Ridout

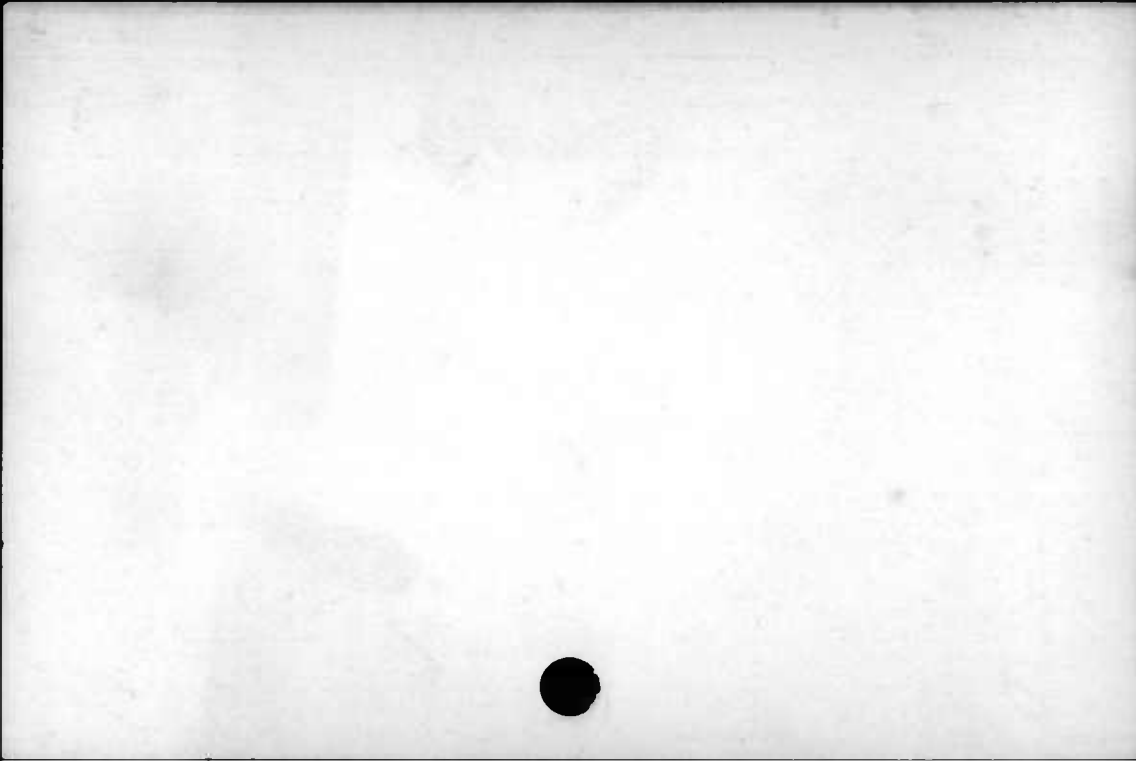
Address

Annapolis  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>a a</i> <sup>County</sup>			
Date of death <i>1905</i>	<i>Apr.</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	<i>—</i> <sup>Age</sup>	<i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. H. Carter</i>			Father's Birthplace <i>Baltimore Co.</i>		
Mother's Maiden Name <i>Emma L. Muellermeister</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>J. H. Carter</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stillborn</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Geo. Wells</i>
<i>—</i>	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>—</i>	

6



Name  
in  
Full

Frederick Crouse

## CERTIFICATE OF DEATH

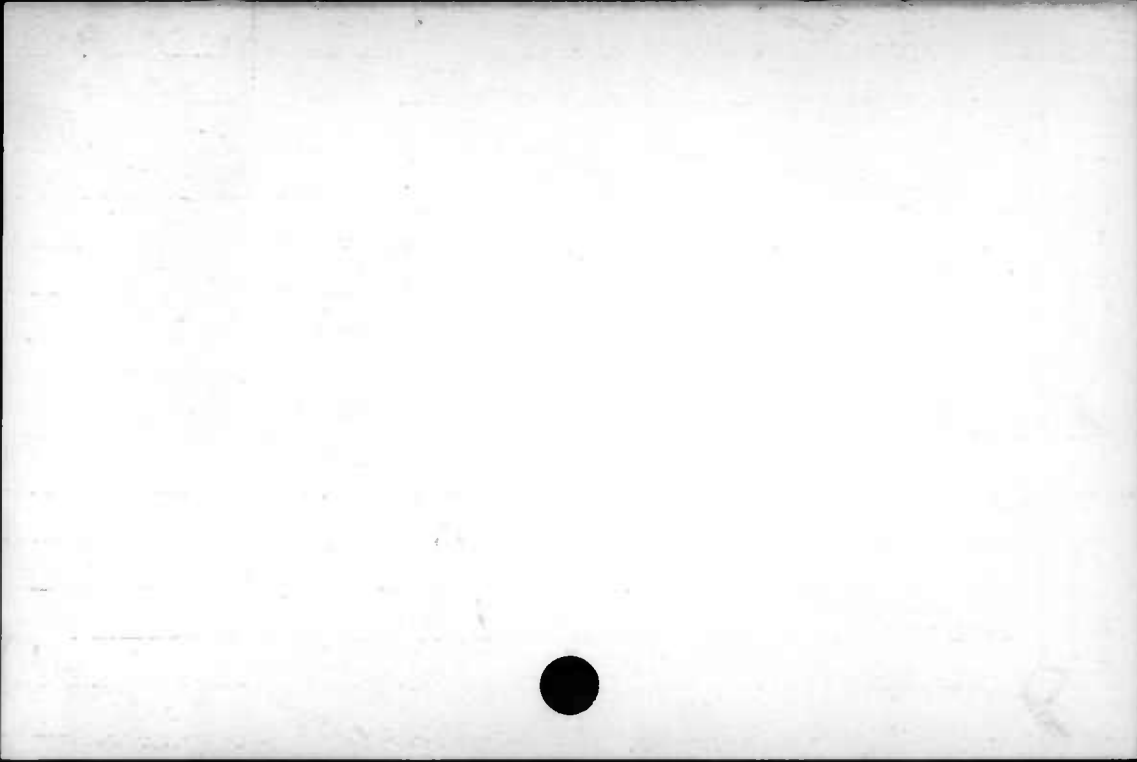
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> 3 <sup>rd</sup> Dist.		<sup>County</sup> Anne Arundel		MARYLAND	
Date of death	1905	Month	April	Day	26
Age	81	Years	81	Months	—
Sex	Male	Color or Race	White	Birth-place	Emmitsburg, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name	Crouse	Father's Birthplace			
Mother's Maiden Name	—	Mother's Birthplace			
Name of person giving information	How related to deceased				

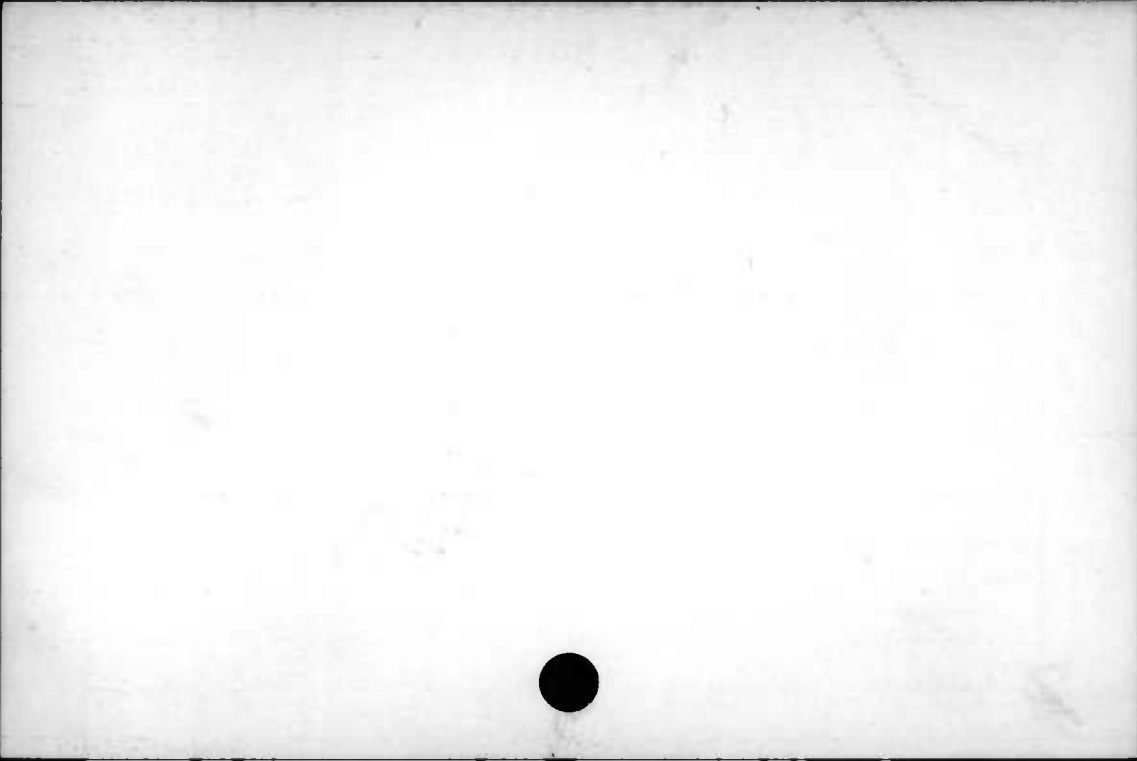
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Influenza	How long	2 months
Immediate	General debility	How long	10
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. W. Ridout M.D.	
		Address	
		St. Marys	
		Md.	
Accident or Suicide?			



Name in Full		Vachel S. Ladd				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County A. A. Co		MARYLAND	
	Date of death	1905	Month April	Day 19	Years 65	Months April	Days 19
	Sex	Male		Color or Race	White		
	Occupation	Mechanic		Birth-place	Annapolis		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband	Mrs. S. Ladd		
	Father's Name	Vachel Ladd				Father's Birthplace	Annapolis
Mother's Maiden Name	Harrill Perkins				Mother's Birthplace		
Name of person giving information	Nellie M. Ladd				How related to deceased	Daughter	
CAUSES OF DISEASE							
PHYSICIAN OR CORONER	Primary	Bright's Disease				How long	Two years
	Immediate	Exhaustion				How long	One week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	No				Address		
	Accident or Suicide?		No		Annapolis		





Name  
in  
Full

## CERTIFICATE OF DEATH

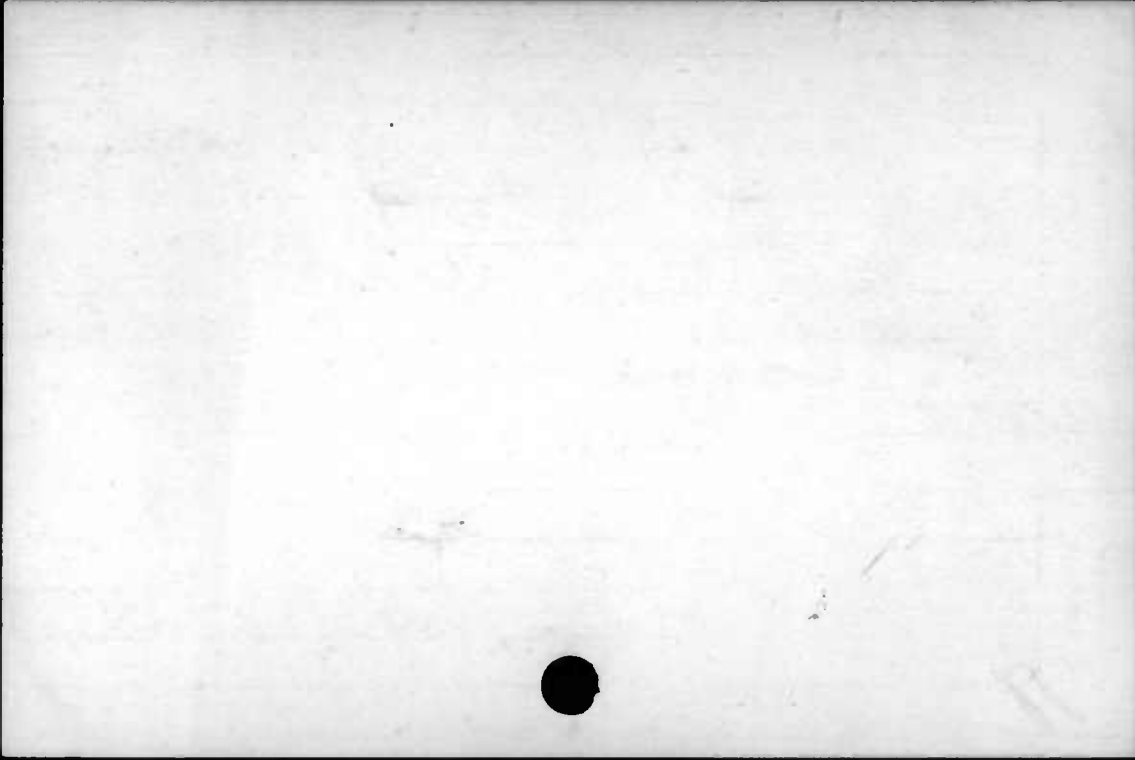
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Geo. Dash.</i>		Town <i>Annapolis</i>		County <i>U A</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>Apr.</i>		Day <i>25</i>		Age <i>58</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>											
Occupation <i>Brush Maker</i>		Where Residing if not at place of death													
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Rebecca Dash</i>													
Father's Name <i>Geo. Dash.</i>		Father's Birthplace <i>Baltimore</i>													
Mother's Maiden Name <del><i>Catharine</i></del>		Mother's Birthplace <i>—</i>													
Name of person giving information <i>Edward D. Knight</i>		How related to deceased <i>Daughter</i>													

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>years.</i>	
Immediate <i>Exhaustion</i>		How long <i>one day.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Jonas B. Neukel Jr.</i>	
		Address <i>Annapolis, Md.</i>	
Accident or Suicide?			



Frank Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>CT</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>10<sup>th</sup></i>	Age <i>5 1/2</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>A.A. Co.</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband				
Father's Name <i>Not known</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>—</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Three days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, M.D.</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis, A.A. Co.</u>		Town <u>Annapolis</u> County <u>A.A. Co.</u>		MARYLAND	
Date of death <u>1905 April 24<sup>th</sup></u>		Age <u>—</u>		Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis</u>			
Occupation <u>Infant</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John Deans</u>		Father's Birthplace <u>Norfolk, Va.</u>			
Mother's Maiden Name <u>Maria Woods</u>		Mother's Birthplace <u>Annapolis</u>			
Name of person giving information <u>Mother</u>		How related to deceased <u>—</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still-born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of <u>Midwife Susan Wright</u>
	Address <u>Annapolis, Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Herbert Melvin Fairall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Odenton</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	Apr	Day	29
Age	1	Years	9	Months	9
Sex	Male	Color or Race	White	Birth-place	Odenton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Wm Fairall</i>				Father's Birthplace
Mother's Maiden Name	<i>Spiah Mallone</i>				Mother's Birthplace
Name of person giving information	<i>Mrs Fairall</i>				How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Accidental drowning</i>	How long	<i>instantaneous</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J W DuBois M.D.</i>
		Address	<i>Gambrells Rd</i>
Accident or Suicide?	<i>Accident</i>		





Name  
in  
Full

Louise Jane Groshey

CERTIFICATE OF DEATH

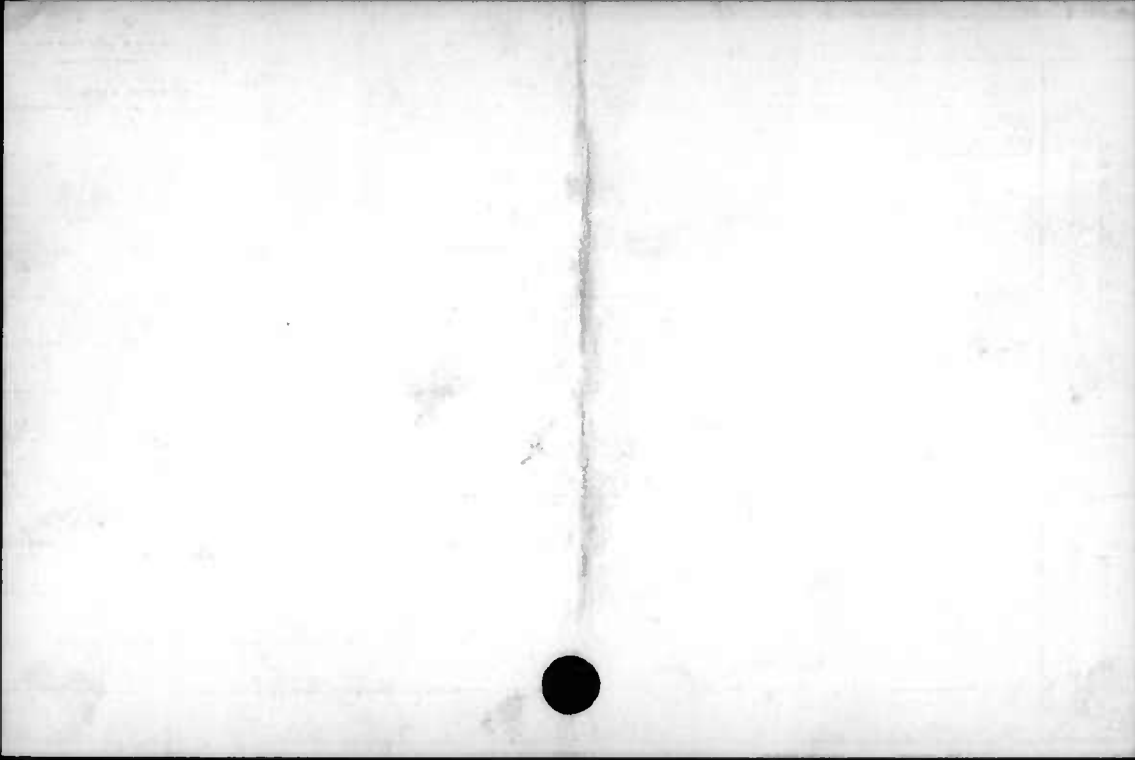
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Waldby</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>Apr</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	<u>12</u> <sup>Years</sup>	<u>14</u> <sup>Months</sup>	<u>14</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>		Occupation	
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>James Groshey</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Mary Brooks</u>		Mother's Birthplace <u>"</u>			
Name of person giving Information <u>James A. Groshey</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Six months</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. V. Bryant</u>
	Address <u>Millsville Md</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Caroline Hall

## CERTIFICATE OF DEATH

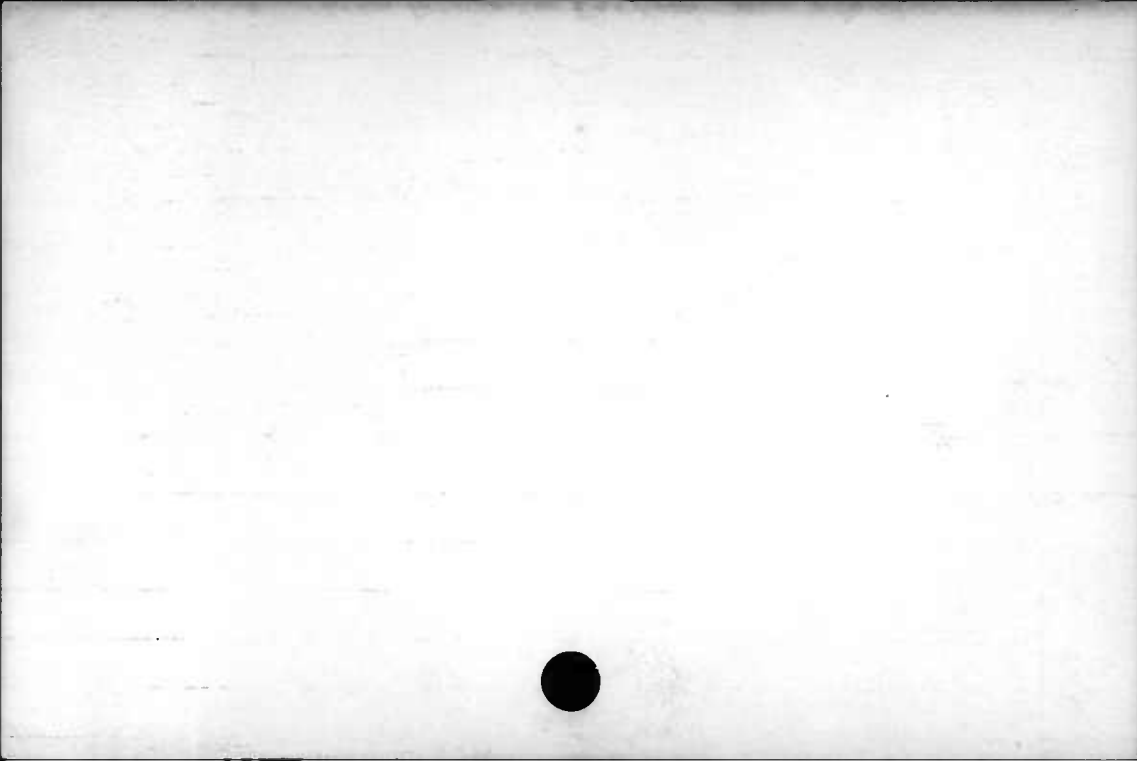
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Maynard's</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>21</i>	Years <i>97</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>A A Co md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Robert Hall</i>			
Father's Name <i>Austin Jennings</i>			Father's Birthplace <i>A A Co md</i>		
Mother's Maiden Name			Mother's Birthplace <i>A A Co md</i>		
Name of person giving information <i>James Hall</i>			How related to deceased <i>son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>3 weeks</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Crane md</i>
	Address <i>Armyer md</i>
Accident or Suicide?	



Albert Jackson Jr

Town

County

Died at

Beverly Anne Council

MARYLAND

Date 1935

Month Day

Y.

M.

D.

Native of

Occupation

4 - 10

Age

—

1

Maryland - infant

Male

~~White~~~~Married~~~~Widower~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Albert Johnson

Mother's

Maiden Name

Mary Christy

Cause of

Primary

Death

Immediate

Natural Causes

How long sick

Accident, Suicide, Homicide

Reported by

E. F. Joyce - Justice of the Peace

Address

Millersville Md.

Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information given by Mary Johnson  
under oath

E. J. J. R.

Name  
in  
Full

## CERTIFICATE OF DEATH

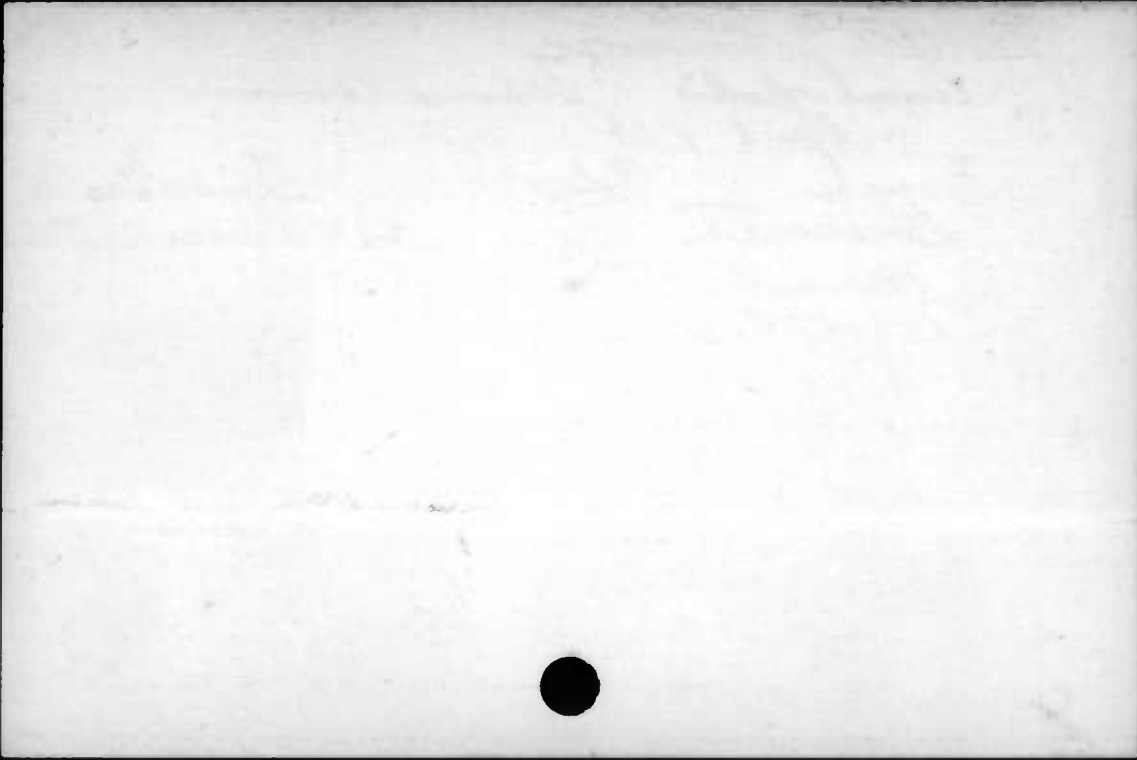
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bessie</u> <sup>Town</sup> <u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u> <sup>Month</sup> <u>4</u> <sup>Day</sup> <u>26</u> <sup>Years</sup> <u>60</u>	Age	<u>60</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>
Occupation	<u></u>	Birth place	<u>New York</u>
Where Residing if not at place of death		<u></u>	
Married, Single or Widowed	<u>Married</u>	Name of <del>Wife</del> Husband	<u>Daniel W. Janowitz</u>
Father's Name	<u></u>	Father's Birthplace	<u></u>
Mother's Maiden Name	<u></u>	Mother's Birthplace	<u></u>
Name of person giving information	<u>J. H. Lowe Kamp</u>	How related to deceased	<u>Son-in-law</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long	<u>Eight days</u>
Immediate	<u>Heart Clot</u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>R. Hammond</u>
		Address	<u>Bessie</u>
Accident or Suicide?	<u>No</u>		<u>Maryland</u>





Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mollie Johnson*

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1905* Month *April* Day *1* Age *5-8* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Prince Geo Co*

Occupation *Domestic* Where Residing if not at place of death *218 Lincoln Pl*

Married, Single or Widowed *Married* Name of Wife or Husband *S. Johnson*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Charles Johnson* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Apoplexy* (164) How long *Two days*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Ridout M.D.*

Address *Annapolis Md*

Accident or Suicide?

3

Name  
in  
Full

Julius B. Martin

4/21/I

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at 3<sup>rd</sup> dist. Town

A A County

Date of death 1905- Apr

Day 21

Age — Years

Months 5-

Days

Sex Male

Color or  
Race

Colored

Birth-  
place3<sup>rd</sup> dist.

Occupation

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Caleb. Martin

Father's  
Birthplace

South Carolina

Mother's  
Maiden Name

Rachel Harris

Mother's  
Birthplace

A A Co. Md

Name of person giving  
In formation

Caleb. Martin

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

How long

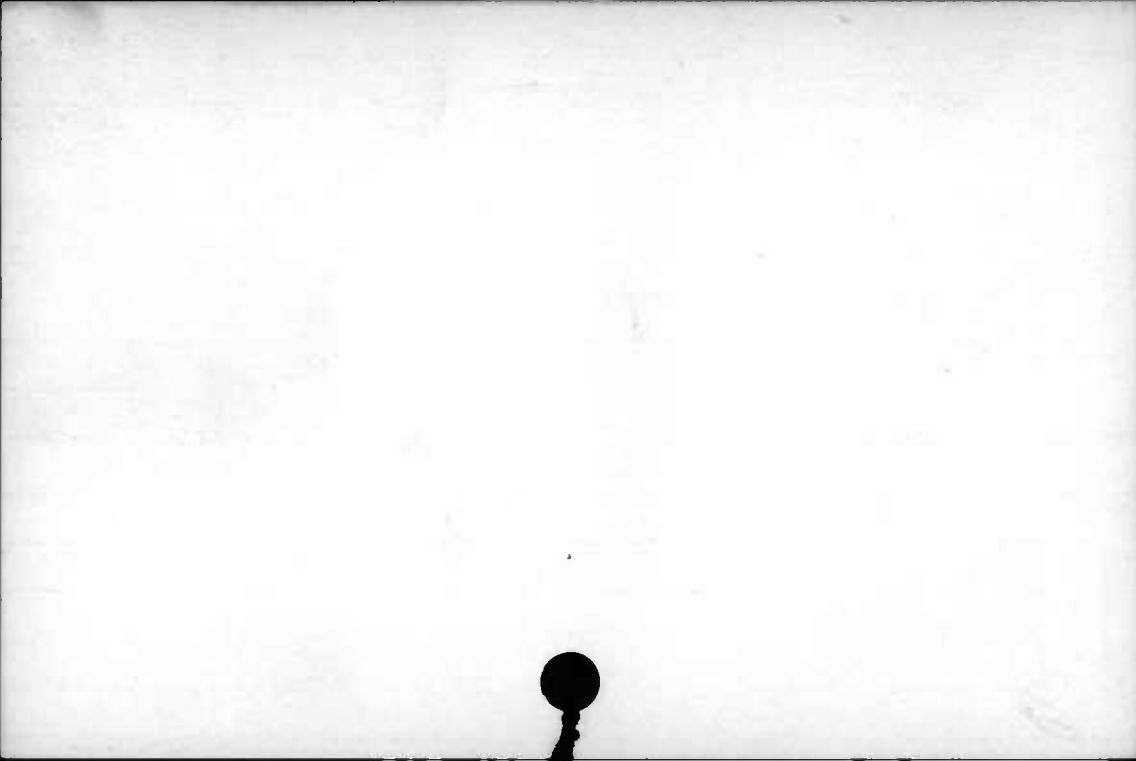
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Armidger's* Town *Armed* CountyDate of death *1905* Month *April* Day *4* Age *65* Years Months DaysSex *male* Color or Race *white* Birth-place *Emmitsburgh Md*Occupation *Laborer* Where Residing If not at place of deathMarried, ~~Single~~  
~~or Widowed~~ Name of Wife or HusbandFather's Name *John Mayhew*Father's Birthplace *Germany*Mother's Maiden Name *S Maggart*Mother's Birthplace *Germany*Name of person giving information *Alfred Stinchicum*How related to deceased *No relation*

## CAUSES OF DEATH

Primary

*Fall*

How long

Immediate

*Broken neck*How long *to death*  
*Immediate*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

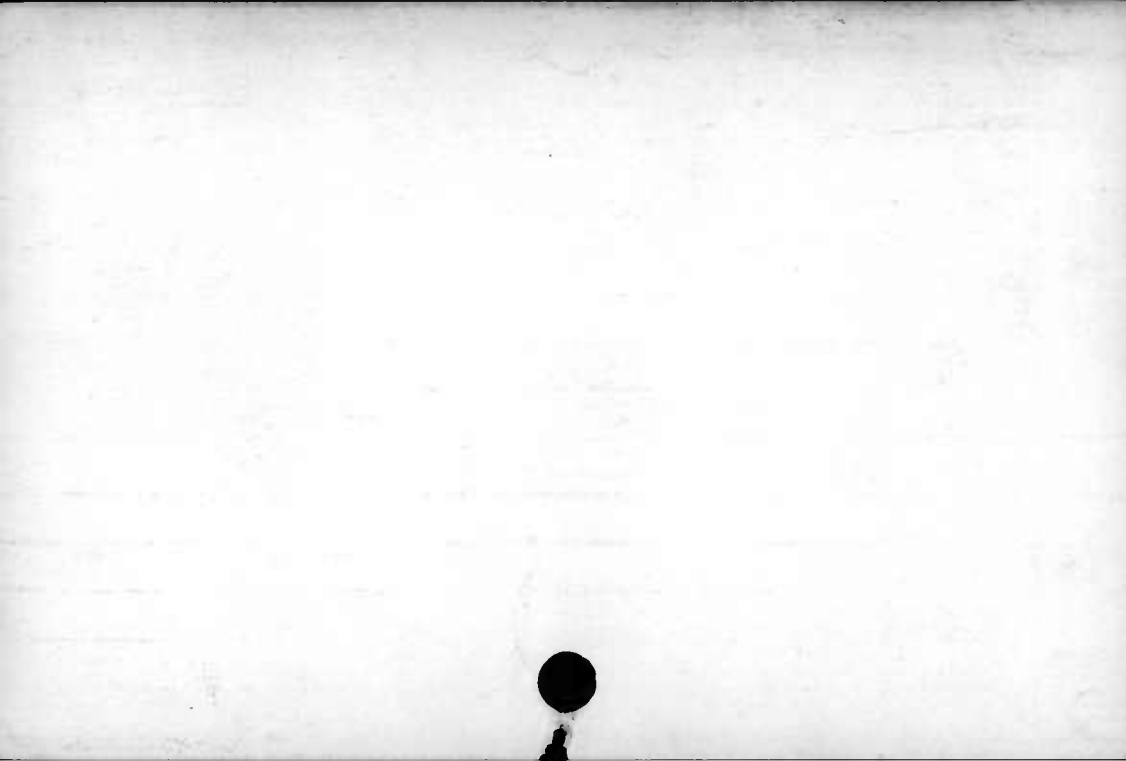
*E. H. Crane Md*

Address

*Armidger Md*

Accident or Suicide?

*accident*



Name  
in  
Full

## CERTIFICATE OF DEATH

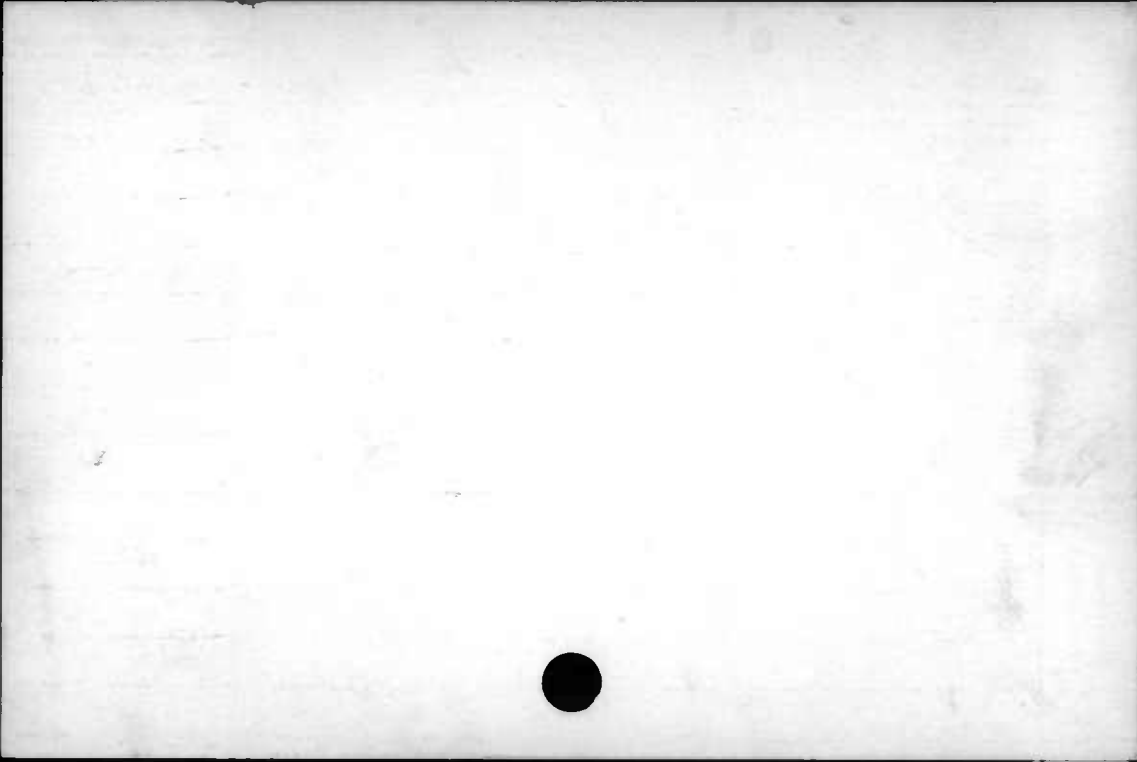
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Clarence Mitchell				CERTIFICATE OF DEATH							
Died at		Town East Port		County 2 <sup>d</sup> of Anne Arundel		MARYLAND							
Date of death		1905		Month April		Day 13 <sup>th</sup>		Age Years 4.		Months 4.		Days	
Sex		Male		Color or Race		White		Birth- place		Md.			
Occupation				Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Walter E. Mitchell		Father's Birthplace		Annapolis Md							
Mother's Maiden Name		Susan Finkell		Mother's Birthplace		" " "							
Name of person giving In formation		Walter E. Mitchell		How related to deceased		Father							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Croup		How long		Four days	
Immediate		Annoxa		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Ridout Md	
				Address		Annapolis Md	
Accident or Suicide?							





Name  
in  
Full

Ezekiel A. Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND					
Date of death <i>1905</i>		Month <i>April</i>		Day <i>9th</i>		Age <i>65</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Danchester Co<sup>th</sup></i>							
Occupation <i>Waterman</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Popkame</i>									
Father's Name <i>John H. Mitchell</i>		Father's Birthplace <i>MD</i>									
Mother's Maiden Name <i>Elizabeth Jones</i>		Mother's Birthplace <i>MD</i>									
Name of person giving information <i>E. A. Mitchell</i>		How related to deceased <i>Son</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>8 days</i>
Immediate	<i>Typhoid Fever</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo Wells M.D.</i>	
<i>Filed 1905</i>		Address <i>Annapolis MD</i>	
Accident or Suicide? <i>—</i>			

9

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George H. Pindell

Town

County

MARYLAND

Died at

Camp parole

Date

of death

1905

Month

Apr

Day

24

Age

Years

Months

2

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Camp parole aa

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John. Henson

Father's  
Birthplace

Mother's  
Maiden Name

Mira Pindell

Mother's  
Birthplace

aa Co.

Name of person giving  
In formation

John. Henson.

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

congenital Lone's

How long

Since Birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John Ridout, M.D.  
Annapolis  
Md

Accident or Suicide?



Name  
in  
Full

Columbus E. Prather

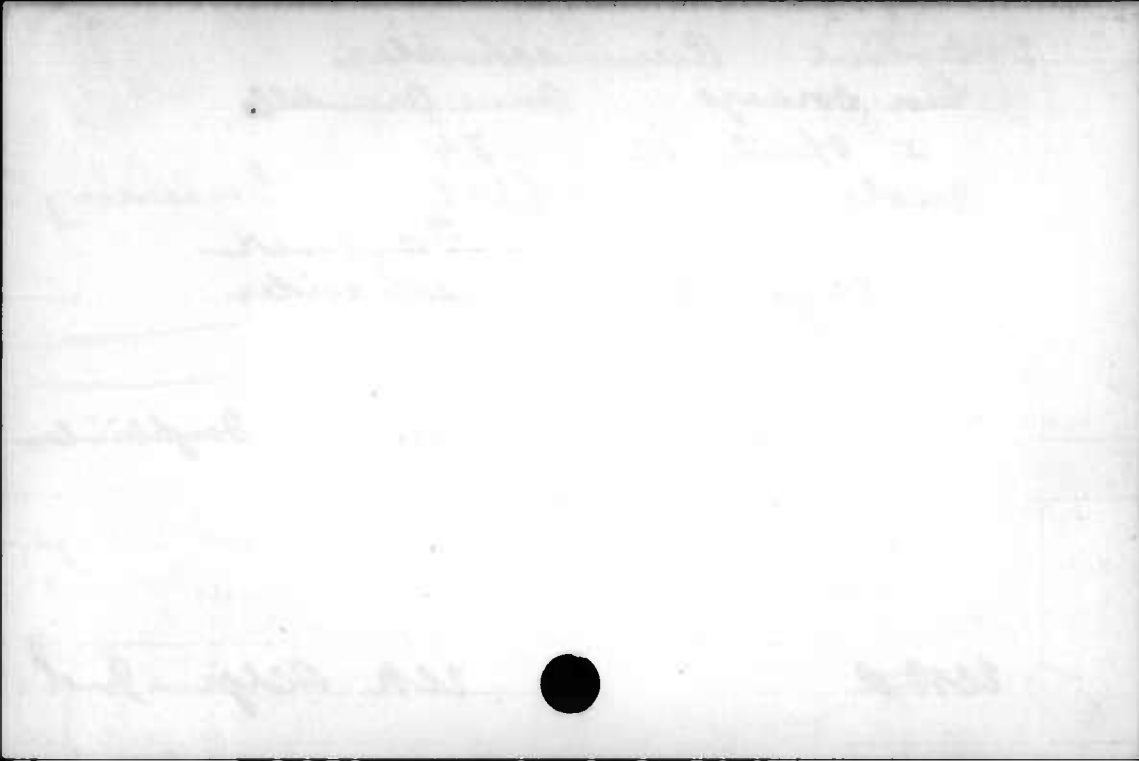
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Milwaukee</i> <sup>Town</sup>		<i>Ann Arbor</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905 Apr.</i> <sup>Month</sup>		<i>11</i> <sup>Day</sup>	<i>79</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>P. G. Co. Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Lena Ann Tuit</i>				
Father's Name <i>Richard Smith-Prather</i>	Father's Birthplace				
Mother's Maiden Name <i>Jane A. Wilson</i>	Mother's Birthplace				
Name of person giving Information <i>Bert Prather</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary <i>Gastric Ulcer - Syphilis</i>	How long <i>4 mos</i>
Immediate <i>Hemorrhage - Exhaustion</i>	How long <i>one wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Asst. Surg. A</i>
	Address <i>Milwaukee Md</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Valentine Riemenschneider

CERTIFICATE OF DEATH

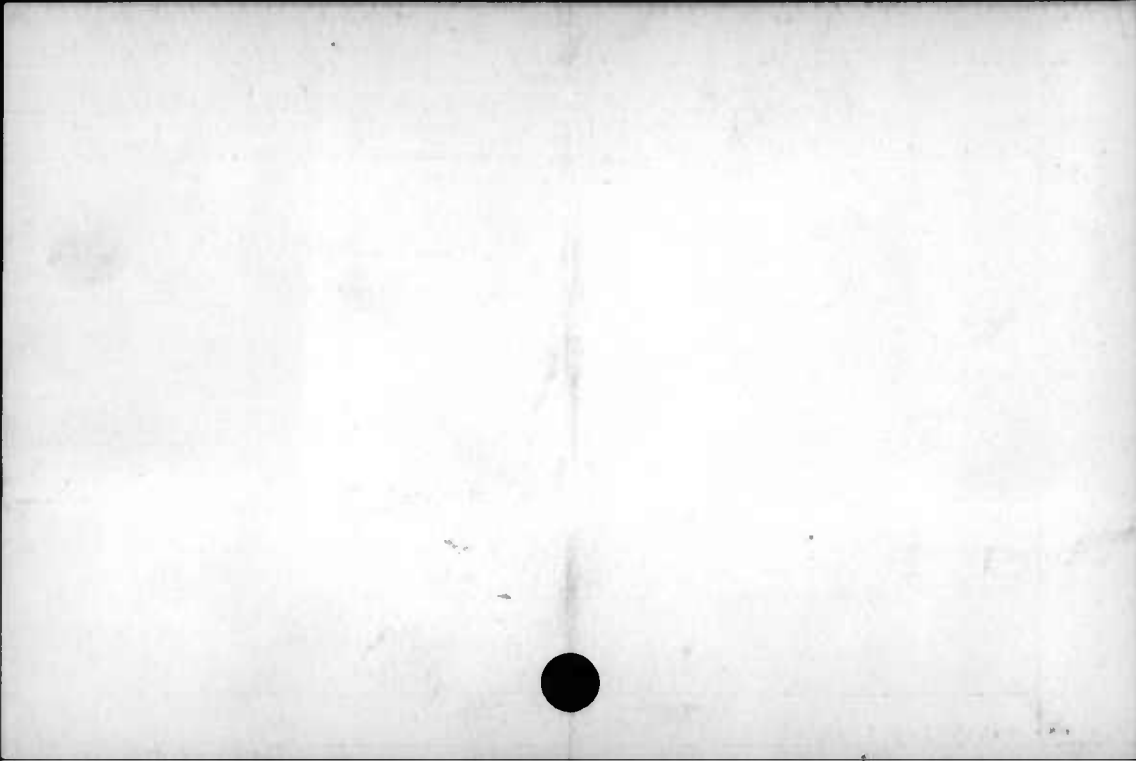
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Dorsey</i>		Town <i>Dorsey</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>12</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>Elizabeth - Riemenschneider</i>							
Father's Name <i>[Redacted]</i>				Father's Birthplace <i>[Redacted]</i>			
Mother's Maiden Name <i>[Redacted]</i>				Mother's Birthplace <i>[Redacted]</i>			
Name of person giving information <i>Mrs Jno Riemenschneider</i>				How related to deceased <i>Daughter in law</i>			

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>five days</i>
Immediate <i>same</i>	How long <i>same</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
<i>ELK</i>	Address <i>ELK Ridge Ind</i>
Accident or Suicide? <i>no</i>	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Ella Scott

## CERTIFICATE OF DEATH

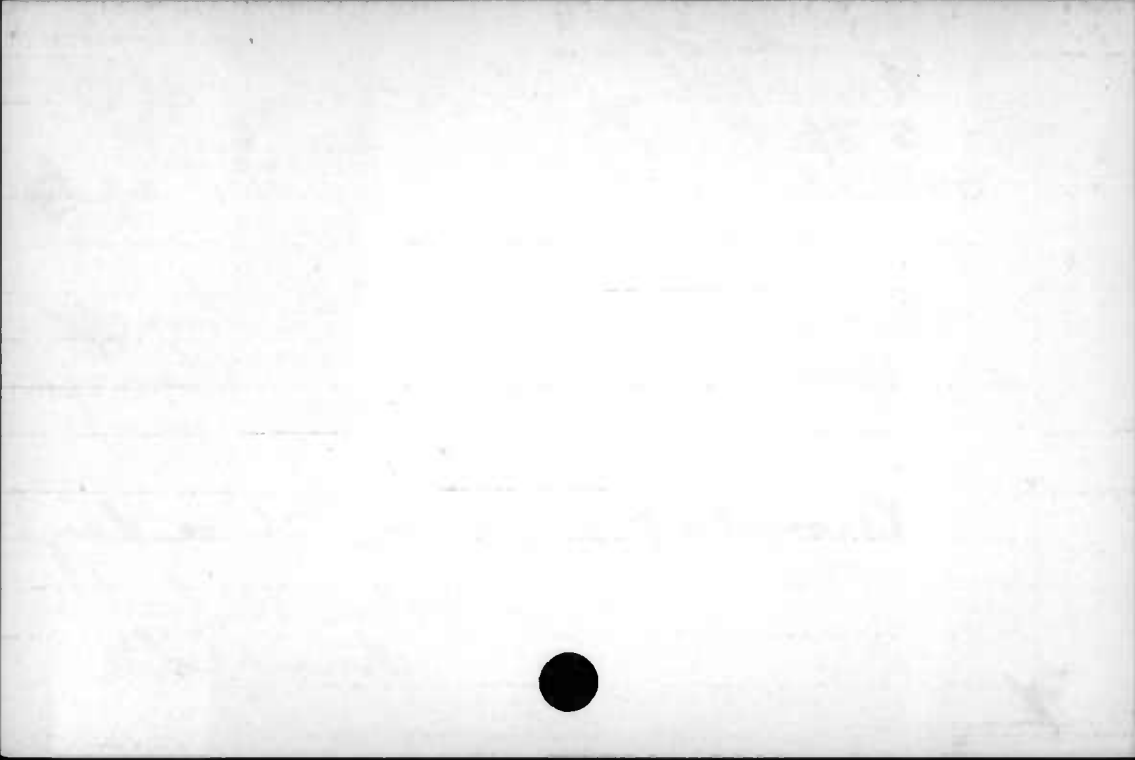
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Churchton</u> <small>Town</small>		<u>A.A.</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Year</small> <u>Apr</u> <small>Month</small> <u>27</u> <small>Day</small>		Age <u>20</u> <small>Years</small>		<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>G.A.Co. Ind</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Elizabeth Taylor</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Nace Janson</u>		How related to deceased <u>Friend</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>6 mos</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. Smith</u>
	Address <u>Churchton</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Viola Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>Ad</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>April</u> <sup>Month</sup>	<u>8<sup>th</sup></u> <sup>Day</sup>	Age <u>6</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Annapolis</u>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Samuel Scott</u>		Father's Birthplace <u>Annapolis</u>			
Mother's Maiden Name <u>Bessie Bias</u>		Mother's Birthplace <u>Annapolis</u>			
Name of person giving information <u>Mother</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Broncho. Pneumonia</u>	How long <u>Three days</u>
Immediate <u>Asthenia</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout</u>
<u>yes</u>	Address <u>Annapolis</u>
Accident or Suicide?	<u>Ad</u>



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Joseph Maclean Stallings  
 Died at <sup>Town</sup> Harwood <sup>County</sup> Anne Arundel  
 Date of death 1905 <sup>Month</sup> Apr <sup>Day</sup> 10 Age <sup>Years</sup> Six weeks <sup>Months</sup> <sup>Days</sup>  
 Sex Male Color or Race American Birth-place Ad County  
 Occupation — Where Residing if not at place of death

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

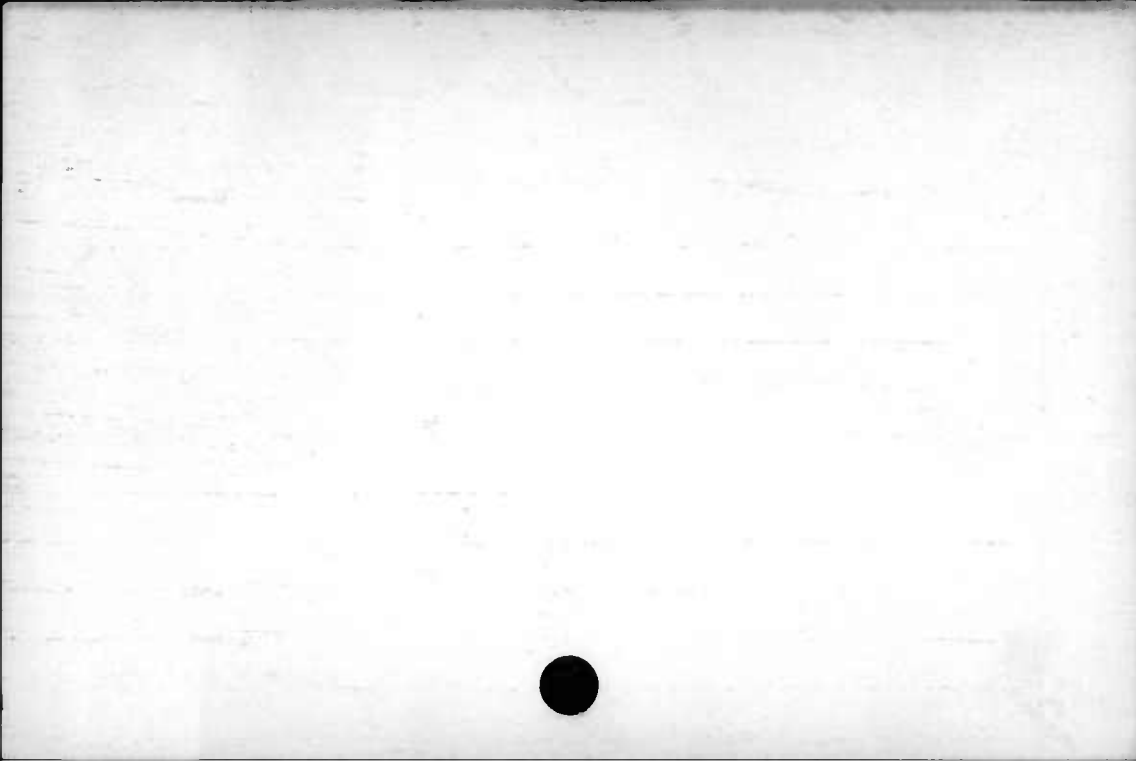
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Geo. H. Stewart*

Town *Annapolis* County *aa* MARYLAND

Died at *Annapolis*

Date of death *1905* Month *April* Day *1* Age *1* Years Months *1* Days *12*

Sex *Male* Color or Race *White* Birth-place *Annapolis*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Mr. C. Stewart* Father's Birthplace *Annapolis*

Mother's Maiden Name *Teresa a Burns* Mother's Birthplace *Annapolis*

Name of person giving information *Mr. C Stewart* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

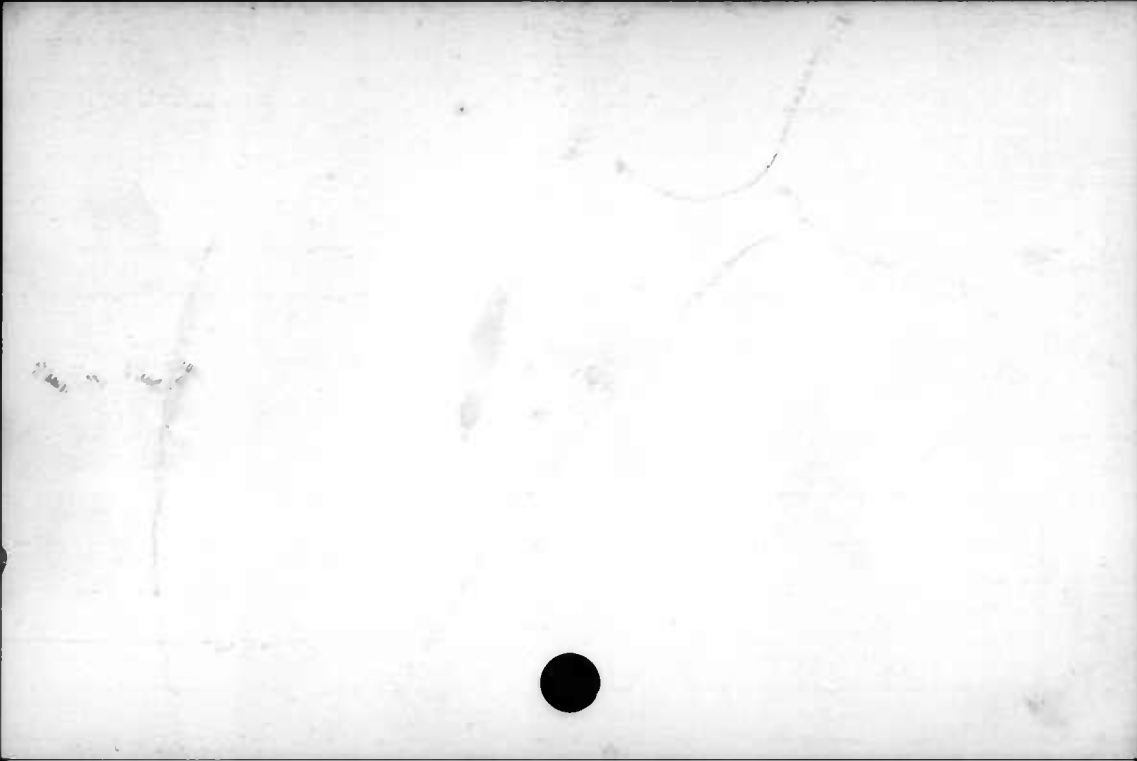
Primary *Bronchitis* How long *Two days*

Immediate *Exhaustion* How long *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo. Wells* Address *Annapolis Maryland*

*yes* Accident or Suicide? *yes*





Name  
in  
Full

CERTIFICATE OF DEATH

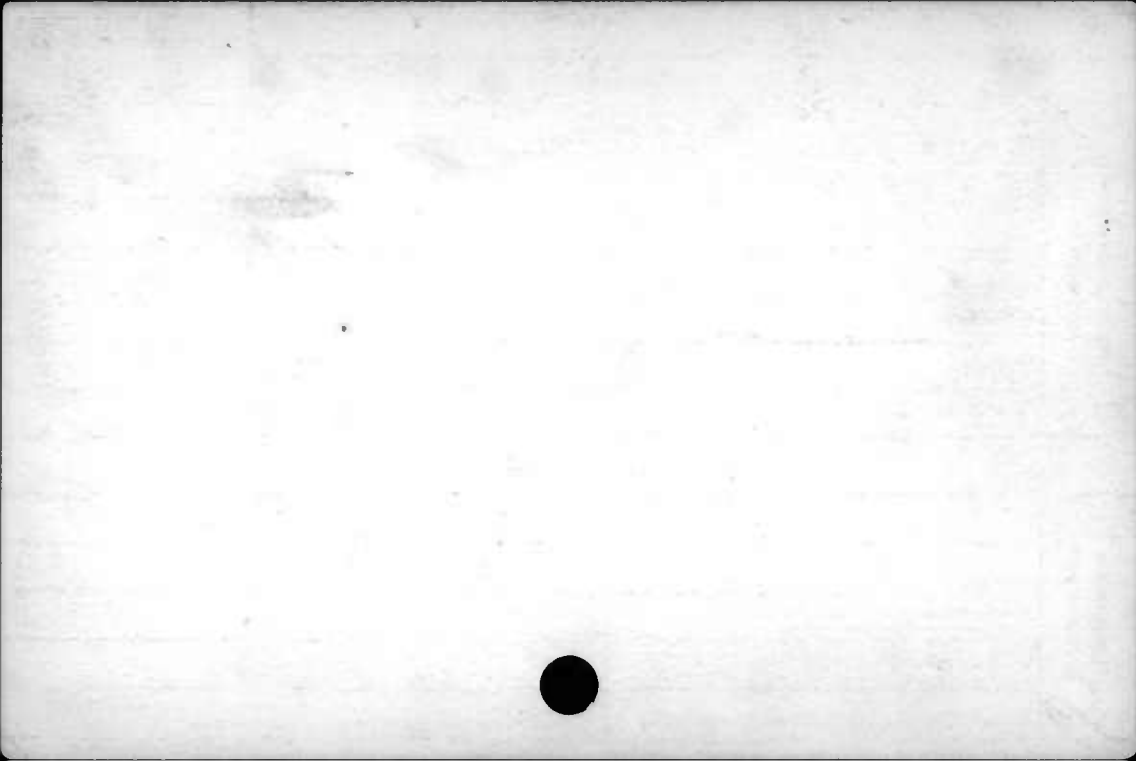
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		April	21 <sup>st</sup>	Age 45			
Sex		Color or Race		Birth-place			
Female		Caucasian		A A Co			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Wesley Stewart					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
John G. Gross		None					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac Dropsy	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John R. Denton	
		Address	
		Hampden	
Accident or Suicide?			



## CERTIFICATE OF DEATH

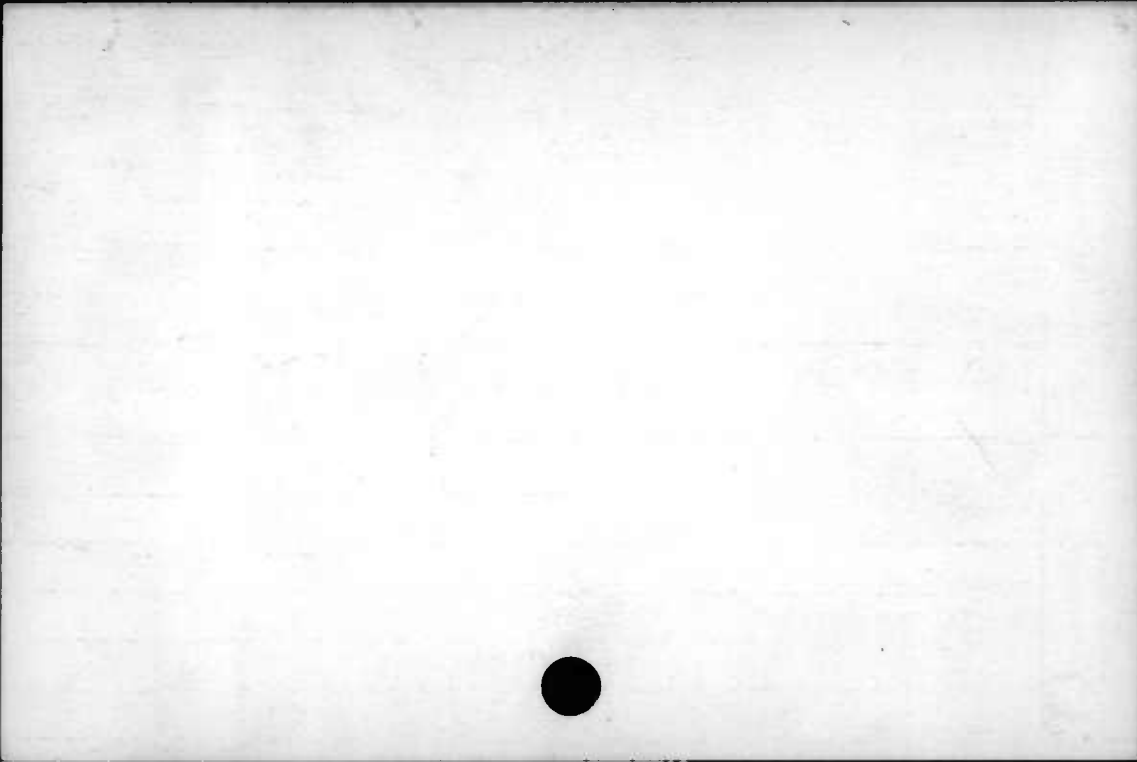
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>29</i>	Month <i>April</i>	Day <i>29</i>	Age <i>32</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bluffton S.C.</i>	
Occupation <i>Commander in Navy</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katherine Over Stony</i>			
Father's Name <i>James Stony</i>			Father's Birthplace <i>Beaufort S.C.</i>		
Mother's Maiden Name <i>Mary C. Reed</i>			Mother's Birthplace <i>Beaufort S.C.</i>		
Name of person giving Information <i>R. L. Brewster</i>			How related to deceased <i>Brother in</i>		

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	3 yrs.
Immediate	Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. S. Lowrie M.D.
		Address	Kaval Headery Hennepin Mo.
Accident or Suicide?			



Name  
in  
Full

No Name Thomas (W.D.)

CERTIFICATE OF DEATH

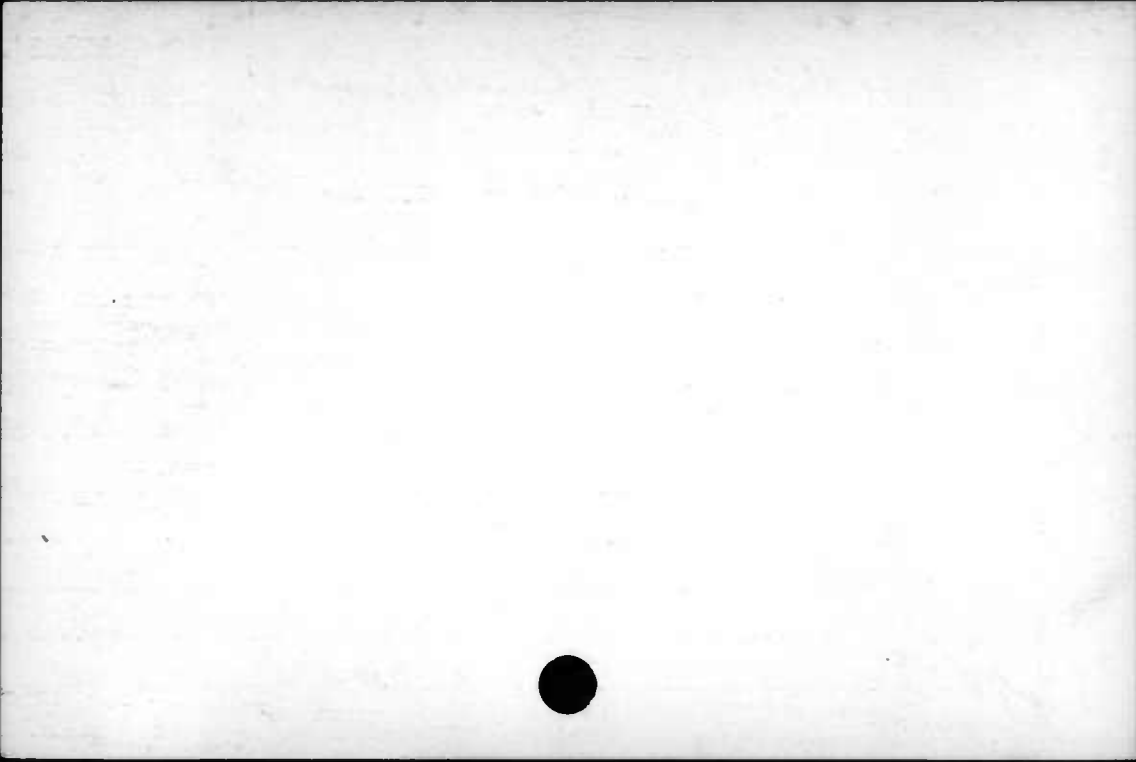
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>West River</i> <sup>town</sup>		<i>Amundson</i> <sup>County</sup>		MARYLAND	
Date of death	Month	Day	Age -	Years	Months
<i>1906</i>	<i>Apr</i>	<i>24</i>			
Sex	Color or Race	Birthplace			
<i>Female</i>	<i>Black</i>	<i>West River</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
			<i>Charles Thomas</i>		
Father's Name			Father's Birthplace		
<i>Charles Thomas</i>			<i>Amundson</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Agnes Sims</i>			<i>Agnes Amundson</i>		
Name of person giving information			How related to deceased		
<i>J.H.W. Sims</i>			<i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Deficient respiration</i>	How long	<i>2 days</i>
Immediate	<i>Respiratory failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Maxwell Cawood M.D.</i>	
		Address	
		<i>West River</i>	
		<i>Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

James Henry Tansant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

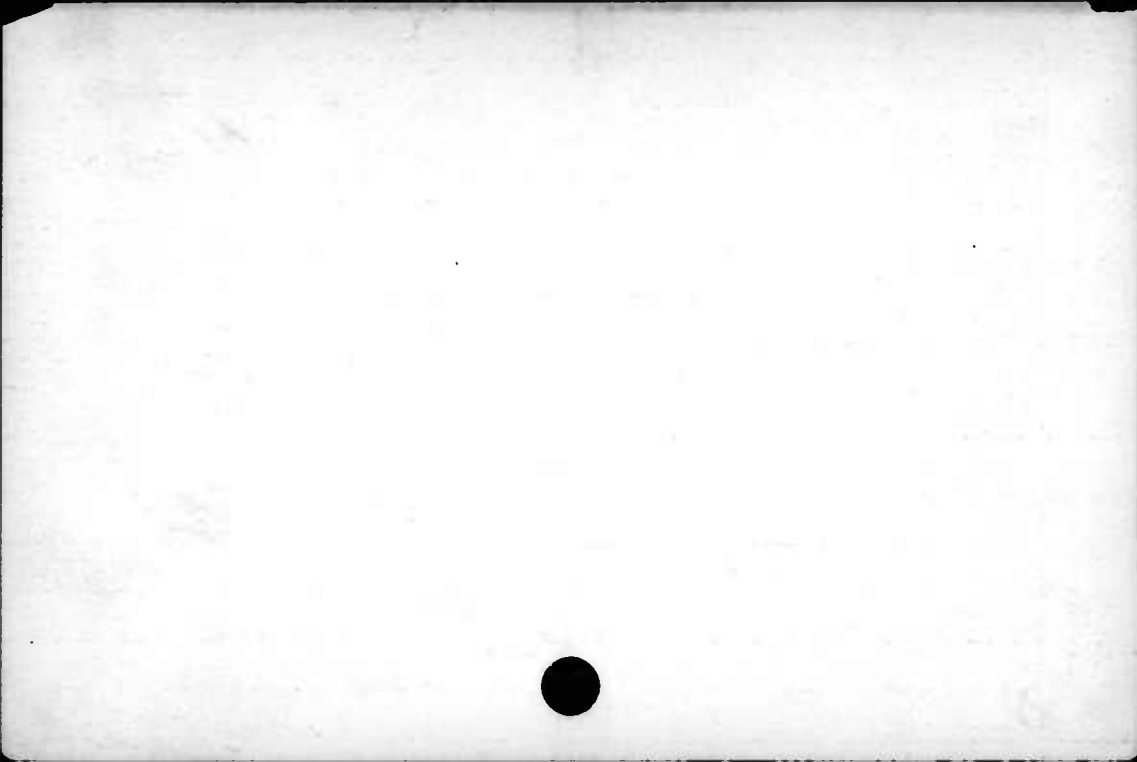
MARYLAND

Died at <i>Annapolis</i> <sup>town</sup>		<i>St</i> <sup>County</sup>	
Date of death	1905	Month	April
	Day	15	Age
	Years	61	Months
			Days
Sex	Male	Color or Race	White
Birth-place	Baltimore		
Occupation	Adams Express agent		
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Kimball
Father's Name	Geo Tansant	Father's Birthplace	Balt
Mother's Maiden Name	Margaret A Ross	Mother's Birthplace	"
Name of person giving information	J H Tansant	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>4 Months</i>
Immediate		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>H. C. [illegible]</i>	
Address		<i>1st John St. Annapolis, Md.</i>	
Accident or Suicide?		<i>---</i>	





Name  
in  
Full

William Warren

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Wellhorns		County Anne Arundel		MARYLAND	
Date of death	1906	Month April	Day 27	Age	8	Months	Days
Sex	Male		Color or Race	Black		Birth- place	Wellhorns Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Edward Warren			
Mother's Maiden Name				Catherine Harris			
Name of person giving Information				James Harris			
Father's Birthplace				Wellhorns Md			
Mother's Birthplace				Maryland			
How related to deceased				Step Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	3 years
Immediate	Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C R Winkler	
		Address	
		E E Rudge	
		Md	
Accident or Suicide?			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Annapolis,*

Town

*A. A. County.*

County

Date of death *1905 Apr. 20<sup>th</sup>*

Month

Day

Age *—*

Years

Months

Days

Sex *Male*Color or  
Race*colored.*Birth-  
place*Annapolis.*

Occupation

*Infant*Where Residing if not  
at place of death*Annapolis.*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Charles West*Father's  
Birthplace*Annapolis.*Mother's  
Maiden Name*Bessie Jackson*Mother's  
Birthplace*Annapolis.*Name of person giving  
In formation*Bessie Jackson*How related  
to deceased*Mother.*

## CAUSES OF DEATH

Primary

*Still-born*

How long

*9*

Immediate

*Premature birth*

How long

*—*Are the name, age, sex, color, date  
and place correctly given above?*yes.*Signature of  
Physician*Louis B. Heukel Jr.*

Address

*Annapolis,**Md.*

Accident or Suicide?

*—*



Name  
in  
Full

Edward Whitehead

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Apr.	9.	46.			
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Farmer.			Where Residing if not at place of death	A. A. Co.		
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name	Resin Whitehead				Father's Birthplace	Md	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Henry Whitehead				How related to deceased	Son	

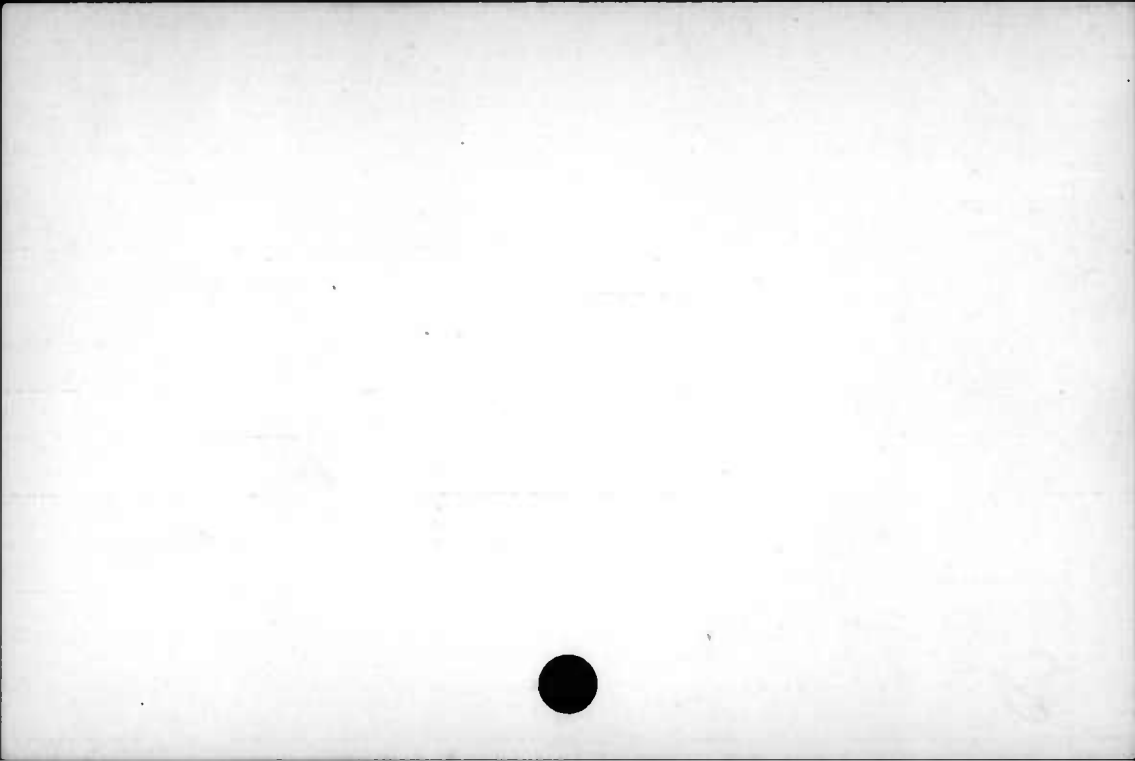
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma of Liver	How long	2 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	J. R. Smith
		Address	Laurel Md
Accident or Suicide?			



Name in Full		Viola Whittington				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churchton		A. G. County		MARYLAND		
	Date of death	1905	Apr	20	Age	1	Months 6 Days 4	
	Sex	Female		Color or Race	Colored		Birth-place	A. G. Co Md
	Occupation	—			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Wm Whittington				Father's Birthplace	Md	
	Mother's Maiden Name	Minnie Thomas				Mother's Birthplace	A. G. Co Md	
Name of person giving information	Marshall Thompson				How related to deceased	Friend		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Bronchitis				How long	9 days	
	Immediate	Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Geo. J. Dent	
						Address	Churchton Md	
	Accident or Suicide?							





Name  
in  
Full

Woods

## CERTIFICATE OF DEATH

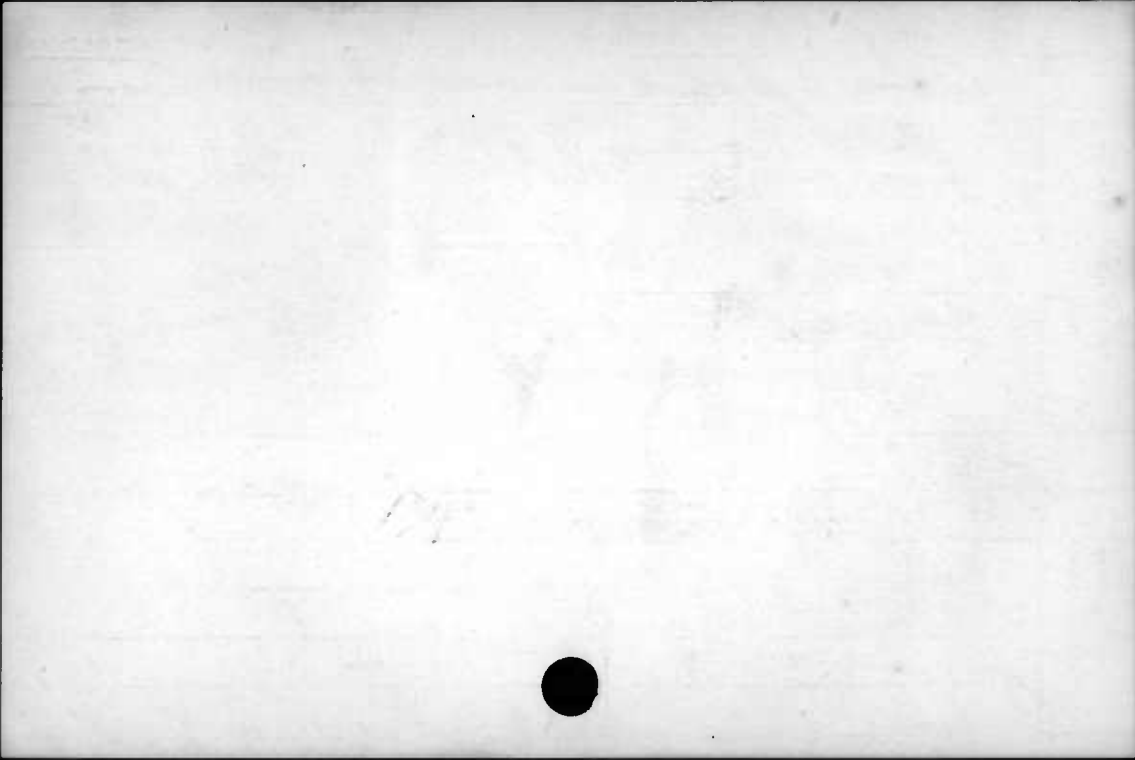
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Date of death	1905	Month <i>April</i>	Day <i>11<sup>th</sup></i>	Age	Years	Months	Days <i>7</i>
Sex	<i>Female</i>		Color or Race	<i>colored</i>		Birth-place	<i>Annapolis</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Harry Woods</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Bessie Duckett</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Mother</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>Seven days</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name  
in  
Full

Many Woods

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>Ann</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>1</u> <sup>Month</sup>	<u>April</u> <sup>Day</sup>	<u>3</u> <sup>Years</sup>	Age	<u>76</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birthplace	<u>Lucanville Co</u>
Occupation	<u>Domestic</u>		Where Residing if not at place of death <u>Emergency Hospital</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>James Woods</u>		
Father's Name	<u>Edward Williams</u>			Father's Birthplace	<u>Kent Co.</u>
Mother's Maiden Name	<u>Fanny Sutton</u>			Mother's Birthplace	<u>Lucanville Co</u>
Name of person giving information	<u>Rachel Walker</u>			How related to deceased	<u>daughter</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Burn Accident</u>	How long	<u>0 h</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	
		Address <u>Annapolis Md</u>	
Accident or Suicide?			

